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"Crisis in Primary Healthcare"

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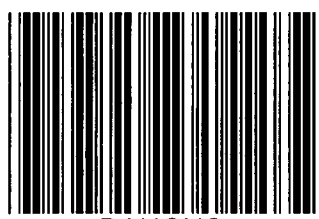

BAUCUS

Crisis in Primary Health Care
by Max Baucus
August, 1993

Recently, my son Zeno and I went to see "Jurassic Park." Sitting in the crowded movie theater, watching the wondrous special effects that brought the dinosaurs back to life, I was haunted by something I heard during the Health Care Forum last April in Great Falls, which was attended by First Lady Hillary Clinton.

Dr. Ron Loge, an internal medicine doctor from Dillon, told Mrs. Clinton and the hundreds of participants in the forum that rural primary care doctors are becoming so scarce that they may go the way of the dinosaurs. We Montanans will be in deep trouble if this is allowed to happen.

At the Health Care Forum with Hillary Clinton last April in Great Falls and in meetings of the Health Care Task Force in Washington, D.C. and around the country, it has become very clear that America needs more generalist and primary care doctors. These family doctors, general internists, and pediatricians care for the majority of Montanans' day to day medical needs. They take care of our babies' first ear infections, and our parents' final illnesses.

Montana is suffering greatly from a lack of generalist, primary care physicians. Over two thirds of our state is classified by the federal government as a health professional shortage area. Isolation, economics, and family issues have shrunk the pool of primary care doctors. Many Montana communities have no physician at all, forcing some families to travel a hundred miles or more to get even basic medical care.

We depend on the skills of primary care physicians for providing prevention and early detection services. Specialists are, of course, a critical part of our health care system, and we need their expertise. But, the shortage of primary care physicians and the surplus of specialists means that many primary care services are provided by specialists who are not as well educated in primary care.

Primary care physicians who do choose to work in rural areas face a difficult life. Since there is often no one with whom to share the workload, they are forced to work unreasonably long and stressful hours. It's difficult for them to take any time off because there is no one to fill in for them when they leave. They also receive a much lower salary than their urban counterparts. These factors explain why many rural communities face physician shortages despite the overall increase in the number of doctors.

Ironically, the United States is actually turning out more physicians than we need. Too many of these physicians are specialists and sub-specialists such as cardiologists and radiologists. Although experts agree that generalists should compose around 50 percent of our physician workforce, two-thirds of our physicians are specialists, and this gap is increasing. A recent survey of graduating medical students found that only 15% plan to pursue primary care careers. And only two of the nation's 126 medical schools can boast that a majority of their graduates plan to practice in primary care fields.

This surplus of medical specialists drives up U.S. health care costs, which are already the highest in the world. For common problems, specialists generally order more tests and procedures for the same conditions with no corresponding improvement in outcome. The same patient going directly to a cardiologist may get hundreds (or even thousands) of dollars of tests to confirm the absence of heart problems. These extra tests significantly increase our already skyrocketing health costs.

We already spend almost twice as much as any other country on health care, yet our health statistics are poorer than many other countries. In my meetings with Mrs. Clinton and the Health Care Task Force I've highlighted the fact that primary care doctor visits may be the best bargain in an otherwise overpriced health care system. As Congress and Mrs. Clinton's Health Care Task Force continue working on national health care reform legislation, I am looking at a number of recommendations that take bold actions to reverse the trend toward overspecialization.

First, we must establish fairness in physicians' pay. A study by the American Medical Association showed that several specialties are paid over twice as much as primary care doctors, despite the fact that primary care physicians often maintain more hectic schedules and work longer hours than specialists. Equalizing physician pay in the Medicare program has already begun, but it needs to go much farther. This policy should be used by private insurance as well. In addition, I would like to see an increased Medicare program bonus for primary care physicians serving shortage areas.

Second, we should encourage more physician residency programs to train primary care physicians. One excellent model is the Montana Family Practice Residency Program now being developed in Billings. This program will bring eighteen family practice residents a year to Montana for training. These would be primary care doctors for Montana, many of them planning to start practices in rural areas.

Third, I propose creating a National Physician Workforce Commission which would monitor physician supply, identifying areas of concern, and proposing solutions. This Commission would propose national physician workforce goals and how to reach those goals. Many experts further recommend that the Commission propose the numbers of physicians needed by the nation in various specialties, and even suggest which teaching programs should receive residency slots.

Finally, the National Health Service Corps, an existing program, is an important source of physicians for under-served rural areas. The Corps was nearly wiped out during the Reagan-Bush years. But we need it more than ever today. The Clinton Administration has proposed increased funding for the Corps and investing the money to help pay off loans for physicians choosing to work in physician shortage areas.

We have had enough studies and task forces; we know what the problems are. Because health care reform is most certainly coming about, now it is time to develop solutions. In my role as second ranking Democratic member of the Senate Finance Committee, I plan to introduce legislation that would directly deal with these issues.

The legislation I plan to introduce will be designed to:

- Increase the income of generalist doctors compared with specialists.

- Reform the payments in the Medicare program for graduate medical education programs to emphasize primary care.

- Create the National Physician Workforce Commission to allocate more residency positions to generalist physicians, and decrease the number of specialist residency positions.

- Increase the incentives to practice medicine in physician shortage areas by doubling the bonus payments in the Medicare program for services in those areas.

Health care reform is coming, and I'm working closely with the Clinton Administration and my colleagues in Congress to be sure national health care reform does not discount the needs and health care issues facing rural states like Montana. As we continue our work on the national health care reform plan, being sure that primary care physicians do not go the way of the dinosaurs is a top priority of mine.

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